

Institution Name & Address

City National Bank
 Cross Lanes
 308 Goff Mountain Rd
 Cross Lanes, WV 25313
 (304) 776-7900

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	NEDELTCO V VLADIMIROV
Relationship	
Address	5429 HILLBROOK DR CROSS LANES WV 25313
Mailing Address (if different)	
Home Phone	(304) 382-1266
Work Phone	
Mobile Phone	
E-Mail	NEDELTCO@HOTMAIL.COM
Birth Date	1/68
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DRIVERS LICENSE DL WV-10/26/11 /18
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Internal Use SIMPLY FREE CHECKING 9010578889

Account Title & Address

NEDELTCO V VLADIMIROV
 5429 HILLBROOK DR
 CROSS LANES WV 25313

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☒ Individual ☐ Corporation - For Profit
☐ Joint with Survivorship ☐ Corporation - Nonprofit
(not as tenants in common) ☐ Partnership
☐ Joint with No Survivorship ☐ Sole Proprietorship
(as tenants in common) ☐ Limited Liability Company
☐ Trust-Separate Agreement Dated: _____

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (FOD)
☐

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☒ Privacy
☒ Electronic Fund Transfers ☒ Truth in Savings
☒ Substitute Checks ☒ Funds Availability
☒ Common Features ☐

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 ☒ 10/04/2013]
 NEDELTCO V VLADIMIROV]
 2 ☒]
 3 ☒] 4 ☒]


AO386-C

**GOVERNMENT
EXHIBIT**

CASE 2:20-cr-00054
 NO.

EXHIBIT
 NO. **30**

CNB-000010

Owner/Signer Information 3		Non Individual Owner Information	
Name		Name	
Relationship		EIN	
Address		Phone	
Mailing Address (if different)		Mobile Phone	
Home Phone		E-Mail	
Work Phone		Type of Entity	
Mobile Phone		State/Country & Date of Organization	
E-Mail		Nature of Business	
Birth Date		Address	
SSN/TIN		Mailing Address (if different)	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization/Rescission Date	
Other ID (Description, Details)		Previous Financial Inst.	
Employer			
Previous Financial Inst.			
Owner/Signer Information 4		Account Description Account # Initial Deposit/Source	
Name		Checking	9010578889
Relationship			\$ 500.00
Address			<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
Mailing Address (if different)			
Home Phone			\$
Work Phone			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Mobile Phone			
E-Mail			\$
Birth Date			<input type="checkbox"/> Cash <input type="checkbox"/> Check
SSN/TIN			
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Services Requested	
Other ID (Description, Details)		<input type="checkbox"/> ATM <input checked="" type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
Employer		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
Previous Financial Inst.		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
Backup Withholding Certifications		Other Terms/Information	
<p>(If not a "U.S. Person," certify foreign status separately.)</p> <p>TIN: _____</p> <p><input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.</p> <p><input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.</p> <p><input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.</p> <p>I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).</p> <p>X  10/04/2013 (Date)</p>			